Legislative History of RWCA Perinatal Program

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The National Alliance of State and Territorial AIDS Directors (NASTAD) represents the nation's chief state health agency program directors who have responsibility for administering HIV/AIDS health care, prevention, education, and supportive service programs funded by state and federal governments. NASTAD is funded by CDC to provide peer-based technical assistance to health departments and community planning groups on HIV prevention planning and programs.

Section 2625 of the Ryan White CARE Act (RWCA) Amendments of 1996 authorized grants to states for activities to reduce perinatal transmission of HIV including:

- "Making available to pregnant women appropriate counseling on HIV disease."
- "Making available outreach efforts to pregnant women at high risk of HIV who are not currently receiving prenatal care."
- "Making available to such women voluntary HIV testing for such disease."
- "Offsetting other State costs associated with the implementation of this section and subsections (a) and (b) of section 2626."
- "Offsetting State costs associated with the implementation of mandatory newborn testing in accordance with this title or at an earlier date than is required by this title."

Funding in the amount of $10 million was authorized. Funding priorities were indicated: "In awarding grants under this subsection the Secretary shall give priority to States that have the greatest proportion of HIV seroprevalence among childbearing women using the most recent data available as determined by the CDC."

In FY 1999, Congress appropriated $10 million for CDC to implement Section 2625 of the Ryan White CARE Act Amendments of 1996. The report language accompanying the FY 99 funding bill placed emphasis on state-administered activities including outreach, counseling, and voluntary testing of pregnant women. It did not emphasize mandatory testing of newborns.

The Ryan White CARE Act Amendments of 2000 authorize $30 million for grants supporting counseling, testing, and treatment of pregnant women and infants. The first $10 million is for existing programs under current law.

For funds authorized above $10 million, a percentage is reserved for states that require newborn testing and for a select number of states that have had significant reductions in cases of perinatal transmission. Grants to these states cannot exceed $4 million. The percentage of money reserved for these states increases over time: FY 2001 - 33 %; FY 2002 - 50%; FY 2003 - 67%; FY 2004 - 75%; FY 2005 - 75%. The number of states with reduction in cases to be included in the reserved pot also increases over time: FY 2001 - 2 states; FY 2002 - 2 states; FY 2003 - 3 states; FY 2004 - 3 states; FY 2005 - 4 states.

In FY 2001 only, a special funding rule stipulates that $4 million of the appropriated increases in Title II shall be used for grants to states to reduce perinatal transmission. Of this $4 million, 50% is for the

restricted pot.

The RWCA Amendments of 2000 also called for a new Institute of Medicine (IOM) study:

- to determine the number of newborns with HIV, in which the attending obstetrician did not know the HIV status of the mother;
- to determine barriers for states that prevent or discourage an obstetrician from routinely testing pregnant women for HIV and routinely testing newborn when the mother's status is unknown; and
- to recommend to states ways to remove barriers and reduce incidence of transmission.

In FY 2004, states will have to submit a report to the Secretary of DHHS on actions taken to address recommendations in the IOM report. The Secretary will submit a report to Congress that includes the states' "progress" reports.

In conclusion, the "take-home" messages for CDC are: a) to get the money out the door as soon as possible and streamline as much as possible the process of determining and making awards; and b) to remember the unique state and local health department role in planning, coordinating, and implementing perinatal prevention activities within the continuum of prevention and care programs.

The "take-home" messages for grantees and CDC are that: a) the $4 million in FY 2001 may be one-time funding under the special rule; b) there is a great deal of interest in the implementation of these provisions and likely to be a high level of public scrutiny; and c) there is a need to examine cost-effectiveness for these resources as compared to other primary prevention activities.

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